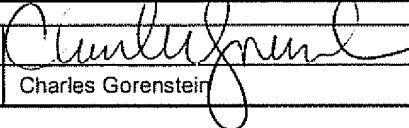


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/781,672-Conf. #5550 Filing Date February 20, 2004 First Named Inventor Tsuyoshi ITAKA Examiner Name M. Lee Art Unit 2622 Attorney Docket No. 1248-0701P	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 790.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity												
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)										
Utility	300	150	500	250	200	100											
Design	200	100	100	50	130	65											
Plant	200	100	300	150	160	80											
Reissue	300	150	500	250	600	300											
Provisional	200	100	0	0	0	0											
2. EXCESS CLAIM FEES																	
							Small Entity										
							Fee (\$)										
Each claim over 20 (including Reissues)							50										
Each independent claim over 3 (including Reissues)							200										
Multiple dependent claims							360										
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>9</td> <td>- 20 =</td> <td>x</td> <td>=</td> <td>Fee (\$)</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	9	- 20 =	x	=	Fee (\$)	Fee Paid (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims													
9	- 20 =	x	=	Fee (\$)													
HP = highest number of total claims paid for, if greater than 20																	
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>5</td> <td>- 3 =</td> <td>x</td> <td>=</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	5	- 3 =	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)														
5	- 3 =	x	=														
HP = highest number of independent claims paid for, if greater than 3																	
3. APPLICATION SIZE FEE																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
	- 100 =	/ 50 =	(round up to a whole number) x	=													
4. OTHER FEE(S)																	
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00										

SUBMITTED BY			
Signature		Registration No (Attorney/Agent)	29,271
Name (Print/Type)	Charles Gorenstein	Telephone	(703) 205-8000
		Date	August 31, 2007